

TANZANIA RED CROSS SOCIETY

DEPARTMENT OF HEALTH SERVICES

REPORT ON THE FOLLOW UP CAMPAIGN TO ENHANCE POSITIVE BEHAVIOUR CHANGE ON LLIN HANG UP AND USE IN TANGA

MARCH 2009

INTRODUCTION:

Unlike immunisations or other interventions delivered in a single dose, provision of free of charge nets does not ensure that recipients hang them properly or that targeted risk groups (under-fives and pregnant women, in particular) sleep under them (Grabowsky, et al, 2005b; Wolken, et al, 2006; Baume, et al, 2005). Assuring that nets are properly hung and monitoring subsequent use appears to be a necessary accompaniment to mass net distribution (Grabowsky *et al*, 2005b).

Following the free distribution of Long Lasting Insecticidal Nets (LLINs) during the integrated measles-malaria campaign conducted in Tanga Region between August 30th and September 1st 2008, TRCS made a follow up, to ensure positive behavioural change. With financial and technical assistance from IFRC, TRCS conducted a hang up campaign during January 2009 with the following objective:

To influence positive behavioral change and maximize use of LLINs by supporting hang up of nets at household level in Tanga region with the aim of preventing malaria.

To achieve this objective, 1108 volunteers and 80 local supervisors were recruited to conduct the following activities:

- Visiting households, registering under fives and providing accurate information and importance of using LLINs.
- Assisting in the hang up of the distributed nets during the Integrated Measles Campaign in 2008 in all eight districts of Tanga region.
- Ensuring that the beneficiaries are using the nets and understand the importance of the nets to solicit the ownership
- Providing health education at household level regarding the use of other precautions to prevent malaria including reducing mosquitoes breeding sites around their homes.

Thereafter, volunteers participated in distributing nets to under 5 children, who missed the LLIN during the IMC in August / September, 2008. Also volunteers assisted households to re treat existing nets older than one year. These two activities were conducted in collaboration with NMCP with financial support from Campaign International.

1. Meeting with Regional and District Officials.

Before starting the activity in Tanga, TRCS Director of Health Services together with the Regional Coordinator Tanga paid a courtesy call to the Regional Commissioner, Regional Medical Officer, and Regional Administrative Secretary (RAS) who in turn welcomed the intervention and they promised to assist in all areas when needed. Also the RMO wrote introductory letters to all districts requesting all districts to participate in the exercise. Furthermore, TRCS regional and district governance were well informed and they participated in the exercise.

At the district level, the District coaches paid courtesy calls to DMOs in all districts in Tanga, elaborating on how the exercise was going to be conducted. DMOs were positive and promised to give assistance wherever needed. Also DMOs appointed DHMT member/Malaria Coordinator to accompany and support the teams.

2. Training:

TOT training was conducted to 8 TRCS district coaches and 1 Regional coordinator, facilitated by TRCS HQ and the Regional Malaria Coordinator. Topics included

- basic facts about Malaria
- Demonstration and return demonstration on re treatment of ITNs.
- Community entry process
- Social mobilization techniques

- Frequently asked questions on Malaria and LLINs
- How to fill the forms and report writing
- Roles and responsibilities during the exercise which included:
 - o Train volunteers and local supervisors at the district level.
 - o Supervise volunteers and local coaches at the district level
 - o Conduct on spot check to verify if volunteers are performing well.
 - o Collect all registration forms and compile the data for reporting.
 - o Liaise with Ward/village officials and the malaria coordinator throughout the implementation.

3. Volunteer Selection:

1108 volunteers were selected by TRCS branch governance in collaboration with village leaders putting emphasis on those volunteers who participated in the social mobilization for the integrated measles campaign on 30th August – 1st September 2008. Local supervisors included Ward Executive Officers, Village health workers, village executive officers and TRCS branch members. Another selection criterion was that all volunteers were from the villages where they conducted exercise.

That is at least each village had three volunteers.

4. Volunteer training:

In all districts, volunteers were trained at ward level and in some cases at village level depending on the logistics and geographical locations of a particular village or ward.

Topics included:

- basic facts about Malaria
- Demonstration and return demonstration on re treatment of ITNs.
- Community entry process
- Frequently asked questions on Malaria and LLINs
- Activities to be conducted during house to house visits and how to fill the forms

5. Implementation:

Volunteers were tasked to register all households with children under fives, household with nets (treated and un treated), also to find out if all nets are hanged and if not assist them in hanging up the nets at the same time clearing myths and misconceptions regarding LLINs and malaria in general. These activities were to be implemented using the following strategies:

- a. House to house visits, registering the under fives.
- b. Assisting members in the household to hang up the nets and re treat nets which are old than one year.
- c. Distribution of Malaria health education leaflets.

6. House to house visits:

Volunteers conducted house to house visits using the registration forms used during the measles campaign to provide on sight assistance with the net deployment. That included providing any necessary material such as nails, strings and hammer to the needy households.

Also by using the IEC (leaflets) they provided information on Malaria and LLINs and ITNs to household members.

A total of **460,513** households were visited and 335,328 children under five years of age were registered. Volunteers observed a total of **735,950** nets hanged.

10% (46,014) of the visited households had not hanged their nets. And volunteers assisted in hanging up the nets also soliciting the nets use.

A volunteer assisting a family member in hanging up the net in Tanga City

370,654 nets more than one year old were re treated, volunteers assisted in re treatment, the exercise which was done by households under the supervision of the volunteer.

Re treatment of the existing nets by the family member in Muheza district.

The following table defines activities done:

Table 1:

District	# wards	Target HH	HH visited	HH with nets	HH with nets not hanged	HH accepted assistance
Korogwe	20	68,853	74,829	73,568	4,347	4,339
Muheza	23	46,468	73,997	73,765	4,791	4,791
Handeni	19	61,722	70,102	69,003	11,349	11,347
Lushoto	32	106,074	103,851	103,746	7,284	7,281
Mkinga	12	27,244	38,194	37,978	8,131	8,131
Kilindi	15	34,973	28,279	27,493	6,904	6,903
Pangani	13	13,425	10,897	10,222	2,014	2,003
Tanga City	24	62,860	60,364	60,284	1,194	1,194
		421,619	460,513	456,059	46,014	45,989

Also parents who were defaulters in the campaign were mobilized to take their children for vaccination to the normal MCH clinics.

ACHIEVEMENT:

- There is a net at least in each household.
- 95% of children under five years sleep under a net.
- TRCS- Managed to reach the hard areas in a very limited time- the Geographical location are very mountainous with poor infrastructure (roads).
- Despite the tribal conflicts in Kilindi, our volunteers managed to complete the exercise though late.
- Households were positive when our volunteers assisted in hanging up nets which were distributed during the campaign.
- The Image of Red Cross was amplified and recognized by each District leadership and management as the right and reliable partner to works with.
- Volunteers exceeded the number of household to be reached per day, they visited more than 60 household per day. (the target was 30 – 40 households per day)
- Dormant Red Cross members in Tanga regions were activated and were on process to open a Red Cross branch.
- Communities were very happy that the government had kept its promise of re distribution to those who did not receive LLINs during the IMC in 2008.

DISTRIBUTION OF LLINs AND RE TREATMENT OF EXISTING NETS.

Before completing the hang up campaign, another activity was added which was to distribute LLINs to under fives children who missed during the IMC in 2008, and the re treatment of all nets in the households older than one year.

Using the collected data on the number of registered children under five years and the availability on nets in the households which are not treated, volunteers distributed the a total of **52,768** LLINs were distributed to children under five – who missed during the campaign and to those born after the IMC, also **368,118** nets were re treated with the assistance of the volunteers in collaboration with the ward and village leadership.

This activity was not in the initial plan, so it took a long time to transport LLINs and IRKs from the Region to districts and later to wards and villages. At the village levels, using village leadership and volunteers, LLINs and IRKs were distributed to households.

The distribution was done using the registered information where households were requested to assemble at the village offices or at any place which was convenient for both, and then children were given nets basing on the registration.

Regarding the nets older than one year, families were requested to bring them for re treatment at the identified locations. In some districts the exercise went on as planned and in other areas e.g Songe – Kilindi district the re treatment exercise was not conducted as planned due to heavy rain, and in some places nets were dirty thus postponing the exercise several times.

Table 2:

District	HH with nets	Hanged nets	# of un treated nets	Treated nets with IRKs	Distributed LLINs to U5s
Korogwe	73,568	97,221	45,708	45,241	3,727
Muheza	73,765	105,974	61,794	61,600	3,120
Handeni	69,003	87,654	37,349	37,349	20,854
Lushoto	103,746	174,294	87,584	87,260	2,760
Mkinga	37,978	44,978	26,154	25,879	4,177
Kilindi	27,493	47,108	23,410	23,410	11,800
Pangani	10,222	28,222	17,370	17,083	1,600
Tanga City	60,284	150,479	71,285	70,296	4,730
	456,059	735,930	370,654	368,118	52,768

CHALLENGES:

- Some families 10.1% had not hanged up the nets, reasons given vary from one family to another but commonly the reasons (some extracted from the field forms and some verbally communicated) include:-
 - Had no idea how to hang them because square nets need nails, ropes which makes the exercise complicated and time consuming.
 - Mosquitoes are not too many especially in the mountains of Lushoto (the weather is cold most of the year)
 - Beds are larger than the nets.
 - In some households they sleep on mats thus making it difficult to hang the net.
 - Some have only one bed used by the head of the family.
 - Some nets were used as curtains in order to repel mosquitoes.
 - Some individuals feel that sleeping under the net may result into impotence.

- Others have no specific reason for not hanging
- It is very hot at night especially when you sleep in the net.
- Many preferred round nets as it is easy to hang compared to the square nets.
- White nets were not preferred in villages as they were worried of the dirty.
- In some families, they sleep in sitting rooms whereby they have to shift in the mornings so this makes it hard to hang the net daily and remove it in the morning.
- Volunteers felt that 5000 per day allowance was inadequate according to the nature of work which consumes the whole day and necessitated them to hire bicycles.
- Demand of T-shirt from volunteers for identification during the exercise.
- The pastoral conflicts in Pangwi – Kilindi district made the exercise complicated as families had to move to other areas for security purposes. And others had to stay in the forests hiding from conflicts.
- Some districts have undefined infrastructure (roads, mountainous, dispersed villages etc) e.g. Handeni, Lushoto and Kilindi that should be considered in the planning.
- IEC Materials was not sufficient to cover all visited house hold visited.

Challenges regarding IRKs

Perceived misconceptions from volunteers' aspect:

- ❖ Some families had misconceptions of sleeping under the re treated nets, they opted for the nets retreated by the manufacturer. This misconceptions was cleared as they were told that all IRKs are the same.
- ❖ Some individuals pointed out of having headache when they sleep under the treated nets – this was also cleared.
- ❖ Two people (one from Mkinga (WEO) and another from Muheza) vomited during the re treatment but with the malaria Coordinator around, he assured families around that IRKs has no side effects and that the vomiting had nothing to do with the re treatment. The WEO still encouraged other families not to bother about what happened and they continued with the exercise.
- ❖ Kilindi needs more time to educate households on the use of re treatment kits (IRKs). As most people are still reluctant to use the treated nets. For example in 5 households which were randomly selected in one ward had not used the treated nets, reasons as indicated above.
- ❖ Some feel headache when they sleep under the treated net.
- ❖ Some get rushes when they use treated nets.
- ❖ Some have opted to put nets as curtains so that they can repel mosquitoes.
- ❖ In some households, family members were reluctant to bring their nets for group re treatment because their nets have lost their original colour due to sooth – from this point volunteers opted to visit household and re treated the nets in house.
- ❖ The exercise took more days than anticipated because of the re treatment exercise which took a long time as in some households, they had to wash the nets first before the re treatment.

OBSERVATIONS AND REMARKS

- 🚩 Malaria is ranking 1st among the top ten diseases in the region, communities need more education on early treatment and proper use of mosquito nets.
- 🚩 Communities are not bothering in using nets.

- ✚ Many nets being used are those distributed in the measles vaccination campaign.
- ✚ Dissemination of knowledge to the community will solve health risks.
- ✚ Follow up on the distributed nets will save the idea of distributing LLIN and contribute to success in combating the killer diseases Malaria.
- ✚ There is inappropriate treatment as many households use traditional herbs and some medicines from local pharmacies without prescription.
- ✚ Most mothers are keen to prevent their children from mosquitoes by making sure they sleep under the net.
- ✚ Children born after the IMC in 2008 were also provided with nets, even children from wards which had no allocation of nets.
- ✚ Using volunteers from the same locality was an added advantage, as in some households, strangers (supervisors from HQ and region) were not allowed to enter the bedrooms during the hang up campaign.
- ✚ Some parts of Handeni (bordering Kilindi) and Kilindi there are pastoralists/nomads who are moving from one place to the other in search of green pastures for their cows, they need to be educated more on the use of LLINs wherever they go.

- ✚ In some households, nets were misused; when asked one household said the net was very old and torn so he decided to use it for protecting his chicks as can be seen below. But the proper use of nets were communicated to the family members and they promised to removed the nets and looked for other alternatives to protect their chicks.

LESSON LEARNT:

- When communities are well informed on issues to happen in their areas, e.g LLIN campaign they tend to respond positively
- House to house follow up has very good impact because they give room for people to ask questions and get answers on LLIN thus clearing rumors and myths on the use of treated nets.
- District councils are willing and ready to work with partners without prejudice thus strengthening partnership
- IEC materials are important in cementing what has been discussed with the community that is for reference when disseminating information to other members of the family.

RECOMMENDATION:

- ✚ IEC Materials on the benefit of LLINs to be enough and distributed timely.
- ✚ Joined intervention:- eliminating mosquito breeding places by using IRS or larviciding, re treatment, net usage, health educated and early treatment of malaria should be emphasized in order to kick malaria out of Tanzania.
- ✚ Use of folk media activities using school children Red Cross youth and other cultural groups in the communities with the emphasis on Malaria control.
- ✚ Budget should consider the geographical location – Logistics
- ✚ Volunteers allowance be increased in future

CONCLUSION:

TRCS extends its appreciation to:

- ❖ IFRC and NMCP for the financial support that enabled this exercise to be a success.

- ❖ The Regional and District medical offices for the active participation during the implementation
- ❖ MoHSW – NMCP for the supportive supervision during the implementation.
- ❖ Campaign International for involving us in the re treatment exercise.
- ❖ Volunteers, branch management for working tirelessly to achieve the set target and
- ❖ Village authorities for their assistance.

Distribution of LLINs and IRKs see table below:

Table 3.

Item	Received	Distributed	Balance at Tanga Office	Remarks
LLIN	53,560 nets <i>(1339 bales)</i>	52,768 nets <i>(1319 bales)</i>	680 nets <i>(17 bales)</i>	120 nets given to village leaders <i>(3 bales)</i>
IRKs	411,500 sachets <i>(4,115 ctns)</i>	368,118 sachets <i>(3,681 ctns)</i>	9,700 sachets <i>(97 ctns)</i>	336 ctns stored at ward / village/ health centers